

# APPENDIX

## **REQUIRED FORMS**

**Standard Form 424, Application for Federal Assistance**

**FAA Form 9550-1, Cover Sheet for Proposals to the FAA**

**FAA Form 9550-3, Current and Pending Support for Research in Science and Engineering**

**Assurance of Compliance with the Civil Rights Act of 1964**

**SF-LLL, Disclosure of Lobbying Activities**

**Certification Regarding Drug-Free Workplace Requirements**

**9550-2 Summary Proposal Budget**

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U.S. Department of Transportation  
Federal Aviation Administration

# COVER SHEET FOR PROPOSALS TO THE FEDERAL AVIATION ADMINISTRATION

Form Approved:  
O.M.B. No 2120-0559

**FOR CONSIDERATION BY FAA ORGANIZATION UNIT**

Indicate the most specific unit known i.e. program, division, etc.

**SOLICITATION NUMBER**

EMPLOYER IDENTIFICATION NUMBER (EIN)  
or TAXPAYER IDENTIFICATION NUMBER (TIN)

SHOW PREVIOUS GRANT NUMBER IF THIS IS A  
SUPPLEMENT TO AN EXISTING GRANT

IS THIS PROPOSAL BEING SUBMITTED TO  
ANOTHER FEDERAL AGENCY? YES \_\_\_\_ NO \_\_\_\_.  
IF YES, LIST ACRONYM(S)

**NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE:**

**INSTITUTION NAME (IF KNOWN)**

**ADDRESS OF ORGANIZATION (INCLUDE ZIP CODE)**

CONGRESSIONAL DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_

SUBMITTING ORGANIZATION

☐ ACADEMIC  
INSTITUTION

☐ NON-PROFIT ORG

☐ FOR-PROFIT ORG

☐ OTHER

**BRANCH/CAMPUS/OTHER COMPONENT** (Where work is performed, if different from above)

**TITLE OF PROPOSED PROJECT:**

**REQUESTED AMOUNT:**

**PROPOSED DURATION**

**REQUESTED STARTING DATE**

**PI/PD DEPARTMENT**

**PI/PD PHONE NUMBER**

**PI/PD FAX NUMBER**

NAMES (TYPED)	SOCIAL SECURITY NO.	HIGHEST DEGREE & YEAR	SIGNATURE
PI/PD			
E:MAIL ADDRESS			
CO-PI/PD			
CO-PI/PD			
CO-PI/PD			

By signing and submitting this proposal, the authorized official of the applicant institution is providing certification regarding federal debt status, debarment and suspension, drug-free workplace, and lobbying activities

(If answering "yes" to either, please provide explanation.)

YES

NO

Is the organization delinquent in any Federal debt?

Is the organization or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from covered transactions by any Federal department or agency?

**AUTHORIZED INSTITUTIONAL REPRESENTATIVE**

**SIGNATURE**

**DATE**

**NAME/TITLE (TYPED)**

**TELEPHONE NUMBER**

**FAX NUMBER**

# CURRENT AND PENDING SUPPORT FOR RESEARCH IN SCIENCE AND ENGINEERING

Form Approved:  
O.M.B. No. 2120-0559

The following information should be provided for each investigator and other senior personnel. Failure to provide this information may delay consideration of this proposal.

I. Name of Principal Investigator	Source of Support	Project Title	Award Amount (or Annual rate)	Period Covered by Award	Person-months or % of Effort Committed to the Project			Location of Research
					ACAD	SUMM	CAL	
<p><b>A. Current Support</b> List - if none, report none</p> <p><b>B. Proposals Pending</b>  1. List this Proposal  2. Other pending proposals, including renewal applications. If none, report none.  3. Proposals planned to be submitted in the near future. If none, report none.</p> <p><b>II. Name of co-principal investigator and/or faculty associate.</b>  A. _____  B. _____</p> <p><b>III. Transfer of Support</b> If this project has previously been funded by another agency, please list and furnish information for immediately preceding funding period.</p> <p><b>IV. Other agencies to which this proposal has been/will be submitted.</b></p>								

## AGENCY DISPLAY OF ESTIMATE BURDENS

The public reporting burden for this collection of information is estimated to average 2 hours per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to OMB and the FAA at the following addresses:

Office of Management and Budget  
Paperwork Reduction Project (2120-0559)  
Washington, DC 20503

Federal Aviation Administration  
Office of Research and Technology Application, AAR-201  
Atlantic City International Airport, NJ 08405

**ASSURANCE OF COMPLIANCE**  
**with**  
**FEDERAL AVIATION ADMINISTRATION**  
**UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

(hereinafter called the "Applicant")

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(Name of Applicant)

HEREBY AGREES THAT It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Federal Aviation Administration (49 CFR Part 21) issued pursuant to that title, to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the FAA; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the FAA this Assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the FAA.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, cooperative agreements, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the FAA, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognized and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees.

<b>PLEASE TYPE OR PRINT</b>	
NAME OF APPLICANT, STREET ADDRESS OR P.O. BOX, CITY, STATE, ZIP CODE	
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL	DATE

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements.**

The undersigned\* certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned,\* to any person for influencing, or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of and Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned\* shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned\* shall require that the language of this certification b included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned\* states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned\* shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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\*By signing the Cover Sheet and submitting this page as part of the proposal, the applicant is providing Certification Regarding Lobbying

#### **AGENCY DISPLAY OF ESTIMATED BURDEN**

The Public report burden for this collection of information is estimated to average 2 hours or less per response. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to OMB and the FAA at the following address:

Office of Management and Budget  
Paperwork Reduction Project  
2120-0559  
Washington, DC 20503

And

U.S. Department of Transportation  
Federal Aviation Administration  
Office of Research and Technology, AAR-  
201  
Atlantic City International Airport, NJ  
08405

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:		
<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>		
<b>7. Federal Program Name/Description</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>		
<b>9. Award Amount, if known: \$</b> _____		
<b>10.a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI):		
<b>b. Individuals Performing Service (including address if different from 10a) - (last name, first name, MI):</b>		
(attach Continuation Sheet(s) if necessary)		
<b>11. Amount of Payment (check all that apply):</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify: _____	
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. _____ in kind; specify: _____ nature value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date (s) of Services, including officer (s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>  (attach Continuation Sheet(s) if necessary)		
<b>15. Continuation Sheet(s) attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information required through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. section 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		
<b>Signature:</b>  <b>Print Name:</b>  <b>Title:</b>  <b>Telephone No.:</b>		<b>Date:</b>
<b>Federal Use Only:</b>		<b>Authorized for Local Reproduction Standard Form - LLL</b>

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.



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## CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS (GRANTEES OTHER THAN INDIVIDUALS)

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This certification is required by the regulations implementing the Drug-Free Workplace Act of 1986, 49 CFR 29, Subpart F. These require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payment, suspension or termination of grants, or governmentwide suspension or debarment

The grantee certifies that it will provide a drug-free workplace by:

- a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- b) Establishing a drug-free awareness program to inform employees about-
  - 1) The dangers of drug abuse in the workplace;
  - 2) The grantee's policy of maintaining a drug-free workplace;
  - 3) Any available drug counseling, rehabilitation, and employee assistance programs; and,
  - 4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;
- c) Making a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-
  - 1) Abide by the terms of the statement; and
  - 2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- e) Notifying the agency within ten days after receiving notice under subparagraph (d) (2), from an employee or otherwise receiving actual notice of such conviction;
- f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is convicted-
  - 1) Taking appropriate personnel action against such an employee, up to and including termination; or
  - 2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).



**Form Approved:**  
**O.M.B. No 2120-0559**

Covering Period from _____ to _____		FOR FAA USE ONLY			
ORGANIZATION		PROPOSAL NO.		DURATION (MONTHS)	
				PROPOSED	GRANTED
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR		AWARD NO.			
A. SENIOR PERSONNEL: PI/PD, Co-PI's, Faculty and other Senior Associates (List each separately with title, A.6 Show number in brackets)		FAA Funded Person-mos.		Funds Requested by Proposer	Funds Granted by FAA (If Different)
		CAL	ACAD	SUMR	
1.					\$
2.					
3.					
4.					
5. ( ) OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE)					
6. ( ) TOTAL SENIOR PERSONNEL (1-5)					
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)					
1. ( ) POST DOCTORAL ASSOCIATES					
2. ( ) OTHER PROFESSIONALS (TECHNICIAN, PROGRAMMER, ETC)					
3. ( ) GRADUATE STUDENTS					
4. ( ) UNDERGRADUATE STUDENTS					
5. ( ) SECRETARIAL CLERICAL					
TOTAL SALARIES AND WAGES (A+B)					
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)					
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A+B+C)					
D. PERMANENT EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$5,000);					
TOTAL PERMANENT EQUIPMENT					
E. TRAVEL 1. DOMESTIC (INCL. CANADA AND U.S. POSSESSIONS)					
2. FOREIGN					
F. PARTICIPANT SUPPORT COSTS					
1. STIPENDS \$ _____					
2. TRAVEL _____					
3. SUBSISTENCE _____					
4. OTHER _____					
( ) TOTAL PARTICIPANT COSTS					
G. OTHER DIRECT COSTS					
1. MATERIALS AND SUPPLIES					
2. PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION					
3. CONSULTANT SERVICES					
4. COMPUTER (ADPE) SERVICES					
5. SUBCONTRACTS					
6. OTHER					
TOTAL OTHER DIRECT COSTS					
H. TOTAL DIRECT COSTS (A THROUGH G)					
I. INDIRECT COSTS (SPECIFY RATE AND BASE)					
TOTAL INDIRECT COSTS					
J. TOTAL DIRECT AND INDIRECT COSTS (H+I)					
		\$			
PI/PD TYPED NAME AND SIGNATURE		DATE	FOR FAA USE ONLY		
			INDIRECT COST RATE VERIFICATION		
INST. REP. TYPED NAME & SIGNATURE		DATE	DATE CHECKED	DATE OF RATE SHEET	INITIALS

**INSTRUCTIONS FOR USE OF SUMMARY PROPOSAL BUDGET****1. General**

- a. Each grant proposal, including requests for supplemental funding, must contain a summary Proposal Budget in this format unless a pertinent program guideline specifically provides otherwise.
- b. Copies of this and instructions should be reproduced locally as FAA will not supply the form.
- c. A separate form should be completed for each year of support requested. An additional form showing the cumulative budget for the full term requested should be completed for proposals requesting more than one year's support. Identify each year's request (e.g., "First year\_\_\_\_," or "Cumulative Budget," etc.) in the margin at the top right of the form.
- d. Completion of this summary does not eliminate the need to fully document and justify the amounts requested in each category. Such documentation should be provided on additional page(s) immediately following the budget in the proposal and should be identified by the line item. The documentation page(s) should be titled "Budget Explanation Page."
- e. If a revised budget is required by FAA, it must be signed and dated by the Authorized Organizational Representative and Principal Investigator and submitted in at least the original and two copies.

**2. Budget Line Items**

Following is a brief outline of budget documentation requirements by line item. (NOTE: All documentation or justification required on the line items below should be provided on the Budget Explanation Page.

**A., B., and C. Salaries, Wages and Fringe Benefits.** On the Budget Explanation Page, list individually all senior personnel who were grouped under A%, the requested person-months to be funded, and rates of pay.

**D. Permanent Equipment.** While items exceeding \$500 and 2 years' useful life are defined as permanent equipment, it is only necessary to list item and dollar amount for each item exceeding \$5,000. Fully justify.

**E. Travel.** Address the type and extent of travel (including consultant travel) and its relation to the project. Itemize by destination and cost and justify travel outside the United States and its possessions, Puerto Rico, and Canada. Include dates of foreign visits or meetings. Fare allowances are limited to round-trip, jet-economy rates.

**F. Participant Support Costs.** Normally participant support may only be requested for grants supporting conferences, workshops or symposia. Show number of participants in brackets.

**G. Other Direct Costs.**

1. **Materials and Supplies.** Indicate types required and estimated costs.
2. **Publication, Documentation, Dissemination.** Estimated costs of documenting, preparing, publishing, dissemination, and sharing research findings.
3. **Consultant Services.** Indicate name, daily compensation and estimated days of service, and justify.
4. **Computer Services.** Include justification based on established computer service rates at the proposing institution. Purchase of equipment is included under D.
5. **Subcontract.** Include a complete budget and justify details.
6. **Other.** Itemize and justify. Include computer equipment leasing.

**G. Indirect Costs.** Specify current rate(s) and base(s). Use current rate(s) negotiated with the cognizant Federal negotiating agency.

APPLICANTS MUST NOT ALTER OR REARRANGE THE COST CATEGORIES AS THEY APPEAR ON THIS FORM, WHICH IS DESIGNED FOR COMPATABILITY WITH DATA CAPTURE BY FAA'S MANAGEMENT INFORMATION SYSTEM. IMPROPER COMPLETION OF THIS FORM MAY RESULT IN RETURN OF PROPOSAL TO APPLICANT.

**PAPERWORK REDUCTION ACT**

Paperwork Reduction Act Statement: This form is used by applicants to submit proposals in response to the Congressionally mandated Grants Program. The collection of data is required to adhere to the statutes and OMB circulars. It is estimated that it will take approximately 3 hours to complete the form. Use of the form is mandatory. No assurance of confidentiality is necessary or provided. It should be noted that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection of information is 2120-0559.